



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Application for Sound Level Variance

City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

1. Organization or person seeking variance: _____
2. Mailing Address with Zip Code: _____
3. Responsible person: _____
4. Title or position: _____
5. Telephone: _____
6. Briefly describe the noise source and equipment involved: _____

7. Address or legal description of noise source: _____

8. Noise source time of operation: _____
9. Briefly describe the steps that will be taken to minimize the noise levels: _____

10. Briefly state reason for seeking variance: _____

11. Date(s) during which the variance is requested: _____

Signature of responsible person: _____ Date: _____

Return completed Application and \$164.00 fee to:

**CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
(651) 266-8989**

Office Use Only

Date Rec'd. _____
Reviewed _____
Date Public Notice Sent _____
Referred to Council _____

**NOTE: APPLICATION MUST BE RECEIVED NO FEWER
THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE**